

Marion County**Type:** Day Care Facility for Adults

| Name of Facility | License or Permit #/Expiration Date | Total Number of |
|--|--|------------------------|
| Location Street | County / Ownership Type | Licensed Units: |
| Location City, State | Mailing Address | Beds, OR's, |
| Administrator | Licensee | Counties, etc. |
| Community Adult Day Care of Marion, Inc. | ADC-184 / Expires: 8/31/2008 | 35 |
| 300 Jones Avenue Extension | Marion / Corporation | |
| Marion, SC 29571 | P.O. Box 491 | |
| Ms. Lauren DeNitto PH #: 843-423-6488 | Marion, SC 29571 | |
| | Community Adult Day Care of Marion, Inc. | |

Licensed Units**Certified For:****# Units Type of Units**

35 Participants

35 Total Licensed Units

| | | |
|---------------------------------------|------------------------------|----|
| Marion County Adult Day Care | ADC-112 / Expires: 4/30/2008 | 50 |
| 506 South Main Street | Marion / Corporation | |
| Marion, SC 29571 | P.O. Box 331 | |
| Mr. Phillip Hudson PH #: 843-423-6220 | Camden, SC 29020 | |
| | Hudson, Inc. | |

Licensed Units**Certified For:****# Units Type of Units**

50 Participants

50 Total Licensed Units

| | | |
|--|---------------------------------|----|
| Saint Paul Baptist Church Adult Day Care | ADC-164 / Expires: 4/30/2008 | 30 |
| 163 E. Laurel Street | Marion / Non-Profit | |
| Mullins, SC 29574 | P. O. Box 469 | |
| Rev. Mack Hines PH #: 843-464-9829 | Mullins, SC 29574 | |
| | Saint Paul Baptist Church, Inc. | |

Licensed Units**Certified For:****# Units Type of Units**

30 Participants

30 Total Licensed Units

| | | |
|--|--|---|
| Troy-Johnson Intergenerational Daycare | ADC-188 / Expires: 11/30/2008 | 7 |
| 106 Gapway Street | Marion / Corporation | |
| Mullins, SC 29574 | 106 Gapway Street | |
| Mrs. Jacquelyn Troy-Johnson PH #: 843-464-8565 | Mullins, SC 29574 | |
| | Troy-Johnson Intergenerational Daycare, Inc. | |

Licensed Units**Certified For:****# Units Type of Units**

7 Participants

7 Total Licensed Units

Total Number of Activities/Facilities Licensed as a Day Care Facility for
Adults: **4**

Total Number of Beds, Operating Rooms, Stations,
Locations, Participants or Counties Served: **122**

Marion County

Type: Body Piercing Facility

| Name of Facility | | License or Permit #/Expiration Date | Total Number of |
|--------------------------|--------------------|-------------------------------------|-----------------|
| Location Street | | County / Ownership Type | Licensed Units: |
| Location City, State | | Mailing Address | Beds, OR's, |
| Administrator | | Licensee | Counties, etc. |
| Rainbow Emporium | | BP-185 / Expires: 2/28/2007 | 1 |
| 310 South Nichols Street | | Marion / Sole Proprietor | |
| Nichols, SC 29581 | | 204 West Pee Dee Street | |
| Mr. Travis Bullock | PH #: 843-526-0188 | Nichols, SC 29581 | |
| | | Bullock, Travis | |

Certified For:

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|---|---|
| Total Number of Activities/Facilities Licensed as a Body Piercing Facility: 1 | Total Number of Beds, Operating Rooms, Stations, Locations, Participants or Counties Served: 1 |
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Marion County

Type: Hospice Program

| Name of Facility | License or Permit #/Expiration Date | Total Number of |
|----------------------------|-------------------------------------|-----------------|
| Location Street | County / Ownership Type | Licensed Units: |
| Location City, State | Mailing Address | Beds, OR's, |
| Administrator | Licensee | Counties, etc. |
| Shepherd Care Hospice, LLC | HPC-104 / Expires: 4/30/2008 | 6 |
| 210 South Nichols Street | Marion / Ltd. Liability | |
| Nichols, SC 29581 | P. O. Box 392 | |
| Ms. Martha Riley | Nichols, SC 29581 | |
| PH #: 843-526-1186 | Shepherd Care Hospice, LLC | |

Certified For:

Counties Served:

Darlington, Dillon, Florence, Horry, Marion, Williamsburg

| | |
|--|---|
| Total Number of Activities/Facilities Licensed as a Hospice Program: 1 | Total Number of Beds, Operating Rooms, Stations, Locations, Participants or Counties Served: 6 |
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Marion County

Type: Hospital or Institutional General Infirmary

| Name of Facility Location Street Location City, State Administrator | License or Permit #/Expiration Date County / Ownership Type Mailing Address Licensee | Total Number of Licensed Units: Beds, OR's, Counties, etc. |
|---|--|---|
| Marion County Medical Center 2829 East Highway 76 Mullins, SC 29574-6035 Mr. Harold Tucker PH #: 843-431-2000 | HTL-827 / Expires: 9/30/2008 Marion / Non-Profit Post Office Box 1150 Marion, SC 29571 Marion Regional Healthcare System | 124 |

| Licensed Units | | Other Units | | Certified For: |
|----------------|----------------------|----------------|------------------------|--|
| <u># Units</u> | <u>Type of Units</u> | <u># Units</u> | <u>Type of Units</u> | Perinatal Level II JCAHO Accredited |
| 124 | General Beds | 2 | Neonatal Special Care | |
| 124 | Total Licensed Units | 2 | Total # of Other Units | |

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|---|---|
| Total Number of Activities/Facilities Licensed as a Hospital or Institutional General Infirmary: 1 | Total Number of Beds, Operating Rooms, Stations, Locations, Participants or Counties Served: 124 |
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Marion County

Type: Nursing Home

| Name of Facility Location Street Location City, State Administrator | License or Permit #/Expiration Date County / Ownership Type Mailing Address Licensee | Total Number of Licensed Units: Beds, OR's, Counties, etc. |
|---|---|---|
| Marion Nursing Center 2770 South Highway 501 Marion, SC 29571 Mrs. Alyce James PH #: 843-423-2601 | NCF-689 / Expires: 9/30/2008 Marion / Corporation P. O. Box 1485 Marion, SC 29571 Marion Nursing Center, Inc. | 88 |

Licensed Units**Certified For:**

| <u># Units</u> | <u>Type of Units</u> |
|----------------|-----------------------------|
| 88 | Nursing Home Beds |
| 88 | Total Licensed Units |

| | | |
|---|--|----|
| Mullins Nursing Center 518 South Main Street Mullins, SC 29574 Mrs. Tonya Martin PH #: 843-464-8211 | NCF-828 / Expires: 9/30/2008 Marion / Non-Profit 518 South Main Street Mullins, SC 29574 Marion Regional Healthcare System | 92 |
|---|--|----|

Licensed Units**Certified For:**

| <u># Units</u> | <u>Type of Units</u> |
|----------------|-----------------------------|
| 92 | Nursing Home Beds |
| 92 | Total Licensed Units |

Total Number of Activities/Facilities Licensed as a Nursing Home: **2**Total Number of Beds, Operating Rooms, Stations,
Locations, Participants or Counties Served: **180**

Marion County

Type: **Inpatient Facility That Treats Individuals for Psychoactive Substance Abuse or Dependence**

| Name of Facility Location Street Location City, State Administrator | License or Permit #/Expiration Date County / Ownership Type Mailing Address Licensee | Total Number of Licensed Units: Beds, OR's, Counties, etc. |
|--|---|---|
|--|---|---|

| | | |
|---|--|---|
| Fresh Start 5452-B North Highway 501 Marion, SC 29571 Ms. Leslie Manning PH #: 843-431-9225 | ITP-023 / Expires: 3/31/2008 Marion / County P. O. Box 1011 Marion, SC 29571 Trinity Behavioral Care | 9 |
|---|--|---|

Certified For:

| | | |
|---|---|---|
| Spring Branch Residential Treatment Center 370 West Sellers Road Marion, SC 29571 Mr. William O'Connor PH #: 843-423-7876 | ITP-005 / Expires: 5/31/2008 Marion / County PO Box 1011 Marion, SC 29571 Trinity Behavioral Care | 9 |
|---|---|---|

Certified For:

Total Number of Activities/Facilities Licensed as a Inpatient Facility That
Treats Individuals for Psychoactive Substance Abuse or Dependence: **2**

Total Number of Beds, Operating Rooms, Stations,
Locations, Participants or Counties Served:

18

Marion County

Type: Outpatient Facility That Treats Individuals for Psychoactive Substance Abuse or Dependence

| Name of Facility Location Street Location City, State Administrator | License or Permit #/Expiration Date County / Ownership Type Mailing Address Licensee | Total Number of Licensed Units: Beds, OR's, Counties, etc. |
|---|--|---|
| Trinity Behavioral Care-Marion Office 103 Court Street Marion, SC 29571 Mr. William O'Connor PH #: 843-423-8292 | OTP-004 / Expires: 6/30/2008 Marion / County P. O. Box 1011 Marion, SC 29571 Trinity Behavioral Care | 3 |

Certified For:

| | |
|--|---|
| Total Number of Activities/Facilities Licensed as a Outpatient Facility That Treats Individuals for Psychoactive Substance Abuse or Dependence: 1 | Total Number of Beds, Operating Rooms, Stations, Locations, Participants or Counties Served: 3 |
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Marion County

Type: End Stage Renal Dialysis Facility

| Name of Facility | License or Permit #/Expiration Date | Total Number of |
|------------------------|--|-----------------|
| Location Street | County / Ownership Type | Licensed Units: |
| Location City, State | Mailing Address | Beds, OR's, |
| Administrator | Licensee | Counties, etc. |
| Marion Dialysis Center | ERD-068 / Expires: 10/31/2008 | 25 |
| 1100 South Main Street | Marion / Corporation | |
| Marion, SC 29571 | 1100 South Main Street | |
| Mrs. Anita Campbell | Marion, SC 29571 | |
| PH #: 843-423-4673 | Bio-Medical Applications of South Carolina, Inc. | |

Licensed Units

Certified For:

Hemodialysis

| # Units | Type of Units |
|---------|----------------------|
| 25 | Stations |
| 25 | Total Licensed Units |

Total Number of Activities/Facilities Licensed as a End Stage Renal Dialysis
Facility: 1

Total Number of Beds, Operating Rooms, Stations,
Locations, Participants or Counties Served: 25

Marion County**Type:** Community Residential Care Facility

| Name of Facility | | License or Permit #/Expiration Date | Total Number of |
|-----------------------------|--------------------|--|------------------------|
| Location Street | | County / Ownership Type | Licensed Units: |
| Location City, State | | Mailing Address | Beds, OR's, |
| Administrator | | Licensee | Counties, etc. |
| Bradford Gardens | | CRC-1217 / Expires: 8/31/2007 | 80 |
| 1108 North Main Street | | Marion / Corporation | |
| Marion, SC 29571 | | PO Box 887 | |
| Mr. James Gardner | PH #: 843-275-0083 | Marion, SC 29571 | |
| | | A & R Enterprises, Inc. | |

Certified For:

| | | | |
|-----------------------------|--------------------|-------------------------------|---|
| M & M Residential Care Home | | CRC-1379 / Expires: 4/30/2008 | 5 |
| 408 Holiday Street | | Marion / Sole Proprietor | |
| Marion, SC 29571 | | P. O. Box 1673 | |
| Mrs. Taffilia McGill | PH #: 843-423-4993 | Marion, SC 29571 | |
| | | Ed Roberts | |

Certified For:

| | | | |
|------------------------------|--------------------|-------------------------------|---|
| Rhames Residential Care Home | | CRC-1436 / Expires: 2/29/2008 | 5 |
| 343 Church Street | | Marion / Sole Proprietor | |
| Mullins, SC 29574 | | P. O. Box 1673 | |
| Ms. Taffilia McGill | PH #: 843-464-6255 | Marion, SC 29571 | |
| | | Ed Roberts | |

Certified For:Total Number of Activities/Facilities Licensed as a Community Residential
Care Facility: **3**Total Number of Beds, Operating Rooms, Stations,
Locations, Participants or Counties Served: **90**

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|--|----|---|------------|
| Total Number of Activities/Facilities in Marion County: | 16 | Total Number of Beds, Operating Rooms, Stations, Locations, Participants or Counties Served: | 569 |
|--|----|---|------------|